



Washington State Department of Transportation
 Motor Carrier Services
 PO Box 47367
 7345 Linderson Way SW
 Olympia, WA 98504-7367
 360-704-6340 / Fax 360-704-6350

Special Oversize/Overweight Vehicle Permit Application

*** Same Day Service Not Guaranteed if Received After 4:00 PM ***

Company Name			Contact Name		DOT #
Street Address			Phone (With Area Code)		Permit Start Date
City	State	Zip Code	Fax (With Area Code)		Permit End Date
Power Unit License Number		Transponder Number		VIN Number (Complete)	
Make			Year	Base State	Unit #

Permit Type	Load Description	Monthly or Annual
<input type="checkbox"/> Single Trailer	Trailer/Load Length <u>56</u>	
<input type="checkbox"/> Double Trailer	Trailer/Load Length <u>68</u>	
<input type="checkbox"/> Fixed Load	<input type="checkbox"/> 3 Axles <input type="checkbox"/> 4 Axles Gross Weight _____ Licensed Weight _____ Axle Spacing Report # _____ Width _____ Height _____ Total Overall Length _____ Front O/H _____ Rear O/H _____	
<input type="checkbox"/> Non Divisible Load <input type="checkbox"/> Tractor/Trailer <input type="checkbox"/> Truck/Trailer <input type="checkbox"/> Single Unit	Width _____ Height _____ Total Overall Length _____ Load Length _____ Overall Length Minus Power Unit _____ Front O/H _____ Rear O/H _____ NOTE: If not filled in, maximum dimensions for a tractor/trailer combination will be given which are: 14' wide, 15' high, 125' overall length minus power unit. If truck and trailer 85' maximum overall length.	
<input type="checkbox"/> Manufactured Housing	Width <u>15</u> Height <u>15</u> Trailer Length including Tongue <u>75</u>	
<input type="checkbox"/> Log Tolerance	Power Unit # Axles _____ Trailing Unit # Axles _____	
<input type="checkbox"/> Tow Truck	<input type="checkbox"/> B <input type="checkbox"/> C Power Unit # of Axles _____	
<input type="checkbox"/> Farm Implement	<input type="checkbox"/> Farmer <input type="checkbox"/> Dealer	
<input type="checkbox"/> Temporary Additional Tonnage	Gross Weight _____ License Weight _____	
<input type="checkbox"/> Duplicate Permit	Permit Number _____	
<input type="checkbox"/> Permit Transfer	Permit Number _____ to the Above Vehicle	

E-mail Address		FOR OFFICE USE ONLY	
		Permit No. _____ Amount _____	
Print Name as it Appears on Credit Card		Signature	
Date			
Credit Card Type	Bankcard # (All applications are processed over the Internet)		Expiration Date
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard			

Motor Carrier Services • Phone 360-704-6340 • Fax 360-704-6350 • www.wsdot.wa.gov/commercialvehicle